

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# C10285

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** GRACEVILLE LODGE NO. 284 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 23-7526510      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN STREET  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: WMD  
Name: BELL, CHARLIE C  
Address: 1130 SELMA CHURCH RD  
City-St-Zip: GRACEVILLE, FL 32440

Title: SWD  
Name: SKIPPER, RANDY L  
Address: P.O. BOX 220  
City-St-Zip: NOMA, FL 324520074

Title: JWD  
Name: HAYES, JAMES H  
Address: P.O. BOX 80  
City-St-Zip: NOMA, FL 324520080

Title: TD  
Name: SKIPPER, GEORGE T  
Address: PO BOX 52  
City-St-Zip: NOMA, FL 324520052

Title: SD  
Name: SKIPPER, ROBERT L  
Address: P. O. BOX 301  
City-St-Zip: GRACEVILLE, FL 324400301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD E. LYNN

GS

03/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date